

9/28/21

Program Issues (If "yes" checked you must specify under comments exact concerns contact must be made with supervisor prior to leaving your shift)

Area of Concern:	Yes	No	Comments	Follow Up Date & Time (Supervisor To Complete)
Maintenance Issues		X		
Supplies Needed		X		
Incident Reports/SIR Hotline		X		
Copies Needed		X		
Medication Delivered		X		

Supervisor Contacted for Above Date: \_\_\_\_\_ Time: \_\_\_\_\_ Email/Text/Phone Call

General Comments/Additional Information

All delegations completed; [redacted] keeps dinnning out of toilet. Blankets outside drying. One load of laundry in washer and one load in dryer

Signature of Staff on Shift:

[redacted] [redacted]  
[redacted] [redacted]

I have read and understand the information on this form (All Staff must sign and date when they reviewed):

[redacted] 9/28 \_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_



## Behavior Tracking Log

Client Name: [REDACTED]

Date: 10-6-21

Behavioral Concerns (If any please explain)

[REDACTED] has been drinking out of the outside spigot in which he is inhaling dirt and throwing up.

ABC DATA: ANACENDENT

BEHAVIOR

CONSEQUENCE

ABC DATA: ANACENDENT	BEHAVIOR	CONSEQUENCE

Completed By: [REDACTED]

Date: 10-6-21

Administrator:

Date:

Program Issues (If "yes" checked you must specify under comments exact concerns contact must be made with supervisor prior to leaving your shift)

Area of Concern:	Yes	No	Comments	Follow Up Date & Time (Supervisor To Complete)
Maintenance Issues		<input checked="" type="checkbox"/>		
Supplies Needed		<input checked="" type="checkbox"/>		
Incident Reports/SIR Hotline		<input checked="" type="checkbox"/>		
Copies Needed		<input checked="" type="checkbox"/>		
Medication Delivered		<input checked="" type="checkbox"/>		

Supervisor Contacted for Above: Date \_\_\_\_\_ Time: \_\_\_\_\_ Email/Text/Phone Call \_\_\_\_\_

General Comments/Additional Information

*[Redacted] been sitting on the toilet for 3 hours Refuses to get off. admit aware.*

Signature of Staff on Shift:

*[Redacted Signature]*

I have read and understand the information on this form (All Staff must sign and date when they reviewed):

*[Redacted Signature] 1/26/22 [Redacted Signature] 1/26*  
*[Redacted Signature] 1/27/22 [Redacted Signature] 1*  
*[Redacted Signature] [Redacted Signature] 1*

Administrator Signature: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Program Issues (If "yes" checked you must specify under comments exact concerns contact must be made with supervisor prior to leaving your shift)

Area of Concern:	Yes	No	Comments	Follow Up Date & Time (Supervisor To Complete)
Maintenance Issues				
Supplies Needed	✓		Papertowels, [redacted] briefs	
Incident Reports/SIR Hotline	✓		[redacted] Fall and broke her tooth	
Copies Needed		✓		
Medication Delivered		✓		

Supervisor Contacted for Above Date: 7-7-21 Time: 8:45 Email/Text/Phone Call

General Comments/Additional Information

Dryer is still not working. There is still a load of laundry. [redacted] went to sleep at approximately 7:30 pm. [redacted] fell on her room and broke one of her front teeth. Admin notified. Gave PRN dose of ibuprofen at 6:50pm.

Signature of Staff on Shift:

[redacted signature] \_\_\_\_\_  
[redacted signature] \_\_\_\_\_

I have read and understand the information on this form (All Staff must sign and date when they reviewed):

[redacted] 10/10/21 \_\_\_\_\_ / \_\_\_\_\_  
[redacted] 11/17/21 \_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_



# Behavior Tracking Log

Client Name: [redacted] Date: 2-24-22

Behavioral Concerns (If any please explain)

Asleep until 4:45 am, wanting access to kitchen non-stop demanding a drink was given x3 glasses of water. She hit staff open handed on their chest. Staff blocked and she went

ABC DATA: ANACENDENT

BEHAVIOR

CONSEQUENCE

Backwards and gracefully fell to the floor. She tripped

		own feet by not picking them up
		while trying to walk the other way.
		While staff blocked the hit.

Completed By: [redacted]

Date: 2/24/22

Administrator:

Date:

# Staff Delegations: NOC

Date: 3-5-22

\*\*Client Assignments to Rotate Weekly

Staff Name: \_\_\_\_\_  
 Assigned Client: \_\_\_\_\_  
 Comments:

Staff Initials	Task To Be Completed
[REDACTED]	Client Daily Notes
	Behavioral Data Tracking
	ISP Charting
	Brief Changing Log
	ADL's
	Cleaning of Bedroom

Staff Name: \_\_\_\_\_  
 Assigned Client: \_\_\_\_\_  
 Comments: *fell in her room @ 1130pm Susana aware (text) re-check body when she was up @ 3am.*

Staff Initials	Task To Be Completed
[REDACTED]	Client Daily Notes
	Behavioral Data Tracking
	ISP Charting
	Brief Changing Log
	ADL's
	Cleaning of Bedroom

Staff Name: \_\_\_\_\_  
 Assigned Client: \_\_\_\_\_  
 Comments:

Staff Initials	Task To Be Completed
[REDACTED]	Client Daily Notes
	Behavioral Data Tracking
	ISP Charting
	Brief Changing Log
	ADL's
	Cleaning of Bedroom

Staff Name: \_\_\_\_\_  
 Assigned Client: \_\_\_\_\_  
 Comments:

Staff Initials	Task To Be Completed
	Client Daily Notes
	Behavioral Data Tracking
	ISP Charting
	Brief Changing Log
	ADL's
	Cleaning of Bedroom

\*\*Each Staff on duty must choose a Section to Complete for the Shift



### Behavior Tracking Log

Client Name: [REDACTED]

Date: 2.24.22

Behavioral Concerns (If any please explain)

Asleep until 4:45am, wanting access to kitchen non-stop demanding a drink was given X3 glasses of water. She hit staff open handed on their chest. Staff blocked and she went

Backwards and gracefully fell to the floor. She tripped

ABC DATA: ANACENDENT

BEHAVIOR

CONSEQUENCE

ABC DATA: ANACENDENT	BEHAVIOR	CONSEQUENCE
		Over her own feet by not picking them up
		While trying to walk the other way.
		While staff blocked the hit.

Completed By:

*[Signature]*

Date:

2/24/22

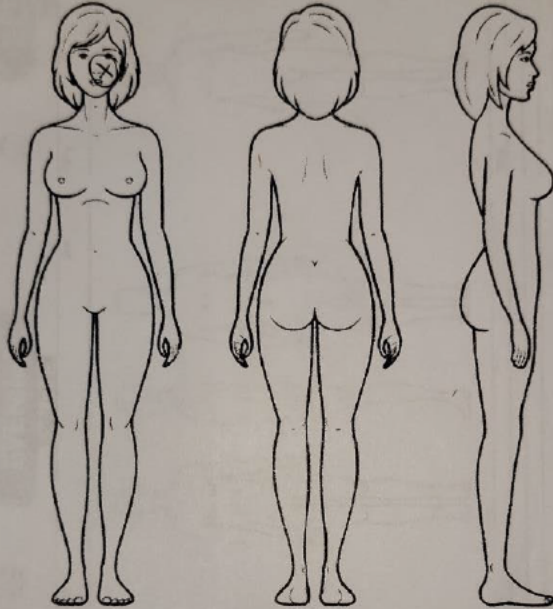
Administrator:

Date:



### Body Check

Name: [REDACTED] Date: 2/21/22



Notes: Noted bruise found on (L) cheek upon beginning of shift. All parties notified. Will continue to monitor.

Staff Signature: [REDACTED], LUN Date: 2/21/22





# Nursing Notes

Client: [REDACTED]

See behavior log chart. See body check nurse notes. See shift commencing log. At approximately 4:42 pm, staff witnessed client climbing over banister and fell to the floor, on her left side, but did not hit her head. Responded with client, promoted safety, and did nursing assessment. No signs of acute distress noted. All parties notified. Body checks completed. Client appears alert, ambulatory, and in no apparent distress. Will continue to monitor. No distress. Continue all interventions.

Client: [REDACTED]

[REDACTED] LWN

Client: [REDACTED]

[REDACTED] LWN

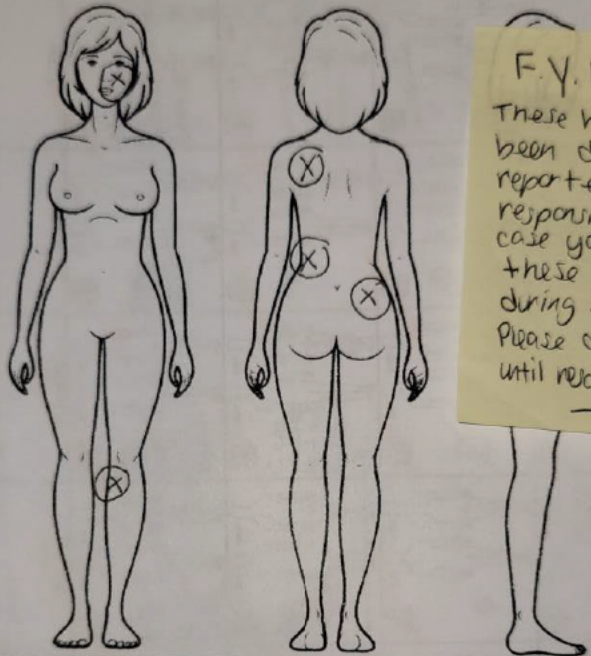
[REDACTED] LWN

Completed by: [REDACTED] LWN	Date: 2/24/22
Administrator:	Date:



# Body Check

Name: [Redacted] Date: 2/24/22



F.Y.I. to staff:  
These have already been documented & reported to all responsible parties, in case you come across these specific areas during skin check. Please continue to monitor until resolved. Thank you!  
— [Redacted] LVN

Notes: Noted bruise on (L) upper back of shoulder, skin dry and intact. Noted bruise on (L) lower back of hip, skin dry and intact. Noted bruise on (R) upper buttocks, skin dry and intact. Noted bruise on (L) front upper shin, skin dry and intact. Noted bruise on (L) cheek, skin dry and intact. General skin kept clean, dry, and intact. Will continue to monitor skin until healed. All parties notified. No clo pain or discomfort noted. Comfort measures implemented.

Staff Signature: [Redacted] Date: 2/24/22


LVN

Program Issues (If "yes" checked you must specify under comments exact concerns contact must be made with supervisor prior to leaving your shift)

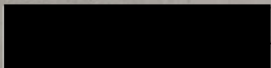
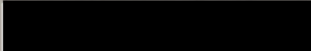
Area of Concern:	Yes	No	Comments	Follow Up Date & Time (Supervisor To Complete)
Maintenance Issues	X		holes in walls oven broken	
Supplies Needed				
Incident Reports/SIR Hotline	X		Reported incident report to supervisor	
Copies Needed		X		
Medication Delivered	/	X		

Supervisor Contacted for Above Date: 2-24-22 Time: 4:40 PM Email/Text/Phone Call

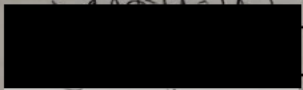
General Comments/Additional Information

 in bed @ 9pm  
fell Supervisor notified

Signature of Staff on Shift:

 \_\_\_\_\_  
 \_\_\_\_\_

I have read and understand the information on this form (All Staff must sign and date when they reviewed):

 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
12-24-22 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Administrator Signature \_\_\_\_\_ Date Reviewed \_\_\_\_\_



# Behavior Tracking Log

Client Name: [REDACTED]

Date: 3-02-22

Behavioral Concerns (If any please explain)

[REDACTED] has been picking toe nails half big toe nail is gone

ABC DATA: ANACIDENT	BEHAVIOR	CONSEQUENCE

SPRINT OF 229-00A  
MAY 10 12:00 PM  
2022

Completed By: [REDACTED]

Date: 3-02-22

Administrator:

Date:

Program Issues (If "yes" checked you must specify under comments exact concerns contact must be made with supervisor prior to leaving your shift)

Area of Concern:	Yes	No	Comments	Follow Up Date & Time (Supervisor To Complete)
Maintenance Issues	✓		holes in walls.	
Supplies Needed	✓		can opener.	
Incident Reports/SIR Hotline		X		
Copies Needed		X		
Medication Delivered		X		

Supervisor Contacted for Above Date: \_\_\_\_\_ Time: \_\_\_\_\_ Email/Text/ Phone Call \_\_\_\_\_

General Comments/Additional Information

[redacted] appt today @ 11:00AM all delegations complete.  
 [redacted] will have new med. will let everyone know when it comes.  
 only 1 load in dryer. no behaviors, everyone ate lunch.  
 delegations complete. V.T. New B. wise found on bottom  
 and reported

Signature of Staff on Shift

[redacted] VN \_\_\_\_\_  
 [redacted] \_\_\_\_\_ A. \_\_\_\_\_

I have read and understand the information on this form (All Staff must sign and date when they reviewed)

[redacted] 1/31 \_\_\_\_\_  
 [redacted] 1/31 \_\_\_\_\_  
 [redacted] \_\_\_\_\_

Administrator Signature \_\_\_\_\_ Date Reviewed \_\_\_\_\_



# Behavior Tracking Log

Client Name: [REDACTED]

Date: 3.4.22

Behavioral Concerns (If any please explain)

[REDACTED] Eyes were Swollen when she woke up w/redness underneath them. Her right leg is Swollen as well Looks like she could be retaining water.

ABC DATA: ANACIDENT	BEHAVIOR	CONSEQUENCE
N/A		

Completed By: [Signature]

Date: 3.4.22

Administrator:

Date:



### Behavior Tracking Log

Client Name: Kt Date: 3-5-22

Behavioral Concerns (If any please explain)

[redacted] fell in her room @ 11:30 pm. Her light was off. Communicated in the comm log and [redacted] she got up at 3am. She had a snack and cups of water.

ABC DATA: ANACENDENT	BEHAVIOR	CONSEQUENCE
N/A		

Completed By: [redacted] Date: 3-5-22  
Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Program Issues (If "yes" checked you must specify under comments exact concerns contact must be made with supervisor prior to leaving your shift)

Area of Concern:	Yes	No	Comments	Follow Up Date & Time (Supervisor To Complete)
Maintenance Issues	X		Dishwasher installed; patio furniture assembled	
Supplies Needed		X		
Incident Reports / SIR Hotline		X		
Copies Needed		X		
Medication Delivered	X		RT's 8pm Olanzapine 10mg	

Supervisor Contacted for Above Date: \_\_\_\_\_ Time: \_\_\_\_\_ Email/Text/Phone Call: \_\_\_\_\_

General Comments/Additional Information

Per [redacted], keep [redacted] away from [redacted] she keeps trying to scratch him [redacted] presented [redacted] RT has swelling in face + legs. LVN aware and notified [redacted]

Signature of Staff on Shift:

[redacted] [redacted] 3/5/22

I have read and understand the information on this form (All Staff must sign and date when they review)

[redacted] 13-5-22 [redacted]

Administrator Signature: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_





### Behavior Tracking Log

Client Name: [REDACTED]

Date: 3-6-22

Behavioral Concerns (If any please explain)

[REDACTED] got up throughout the night and used the restroom x2. She still wet her bed. But made an effort to get to the restroom. Her face is swollen. She had a small snack

ABC DATA: ANACENDENT

BEHAVIOR

2 cups of water + 1 cup of juice

CONSEQUENCE

ABC DATA: ANACENDENT	BEHAVIOR	CONSEQUENCE
N/A		

Completed By: [REDACTED]

Date: 3-6-22

Administrator:

Date:

Program Issues (If "yes" checked you must specify under comments exact concerns contact must be made with supervisor prior to leaving your shift)

Area of Concern:	Yes	No	Comments	Follow Up Date & Time (Supervisor To Complete)
Maintenance Issues		X		
Supplies Needed		X		
Incident Reports/SIR Hitline		X		
Copies Needed		X		
Medication Delivered		X		

Supervisor Contacted for Above Date: \_\_\_\_\_ Time: \_\_\_\_\_ Email/Text/Phone Call

General Comments/Additional Information

█████ fell in her room @ 1:30pm. ██████ notified. Please keep her light on whenever she is sleeping day or night. Ktup @ 3am had a snack & 6 cups of water. PM + DH both changed & dry and bathed bedding are changed. 1 bed in dryer/washer

Signature of Staff on Shift: \_\_\_\_\_

████████████████████  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ *Palmer* \_\_\_\_\_

I have read and understand the information on this form (All Staff must sign and date when they reviewed)

████████████████████  
 \_\_\_\_\_  
 \_\_\_\_\_

1/3/16/22  
 1/3/8

████████████████████  
 \_\_\_\_\_  
 \_\_\_\_\_

Administrator Signature: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_



### Behavior Tracking Log

Client Name: [REDACTED] Date: 3/9/22

Behavioral Concerns (if any please explain)

[REDACTED] had a rough afternoon. She went down for a nap and had dinner and a snack after she woke up. found that she was sun burnt when she woke up as well [REDACTED] was notified.

ABC DATA: ANACIDENT	BEHAVIOR	CONSEQUENCE
N/A		

Completed By: [REDACTED] Date: 3/9/22

Administrator: [REDACTED] Date:

request through  
 SIR for assault  
 No SIR was  
 have been  
 information  
 the incident  
 vaccination  
 6. All IBST reports fr  
 I have all IBST  
 prior to the mo  
 sent me are the  
 provide the copie

Thank you

Starmer  
 City Improvement Manager | C  
 972-1528  
 starmer@cityofseattle.com

Magdalena <Magdalena  
 November 11, 2022 9:16  
 <Iveya.Silva@seattlehealth

REM

### Shift Communication Log

Date: 3/9/22

AM / PM / NOC

Staff on Shift: [Redacted]

Supervisors Instructions/Assignments:

[Redacted]

#### Health /Medical Issues

	Appointment	Illness	Med Change	Med Error	Additional Comments
[Redacted]	N	Y	N	N	Soreness on upper buttocks and back of thighs

[Redacted]

#### Family/Vocational/ Case Management Contact

Time	Title	Contact Type	Duration	Comments:
	None			



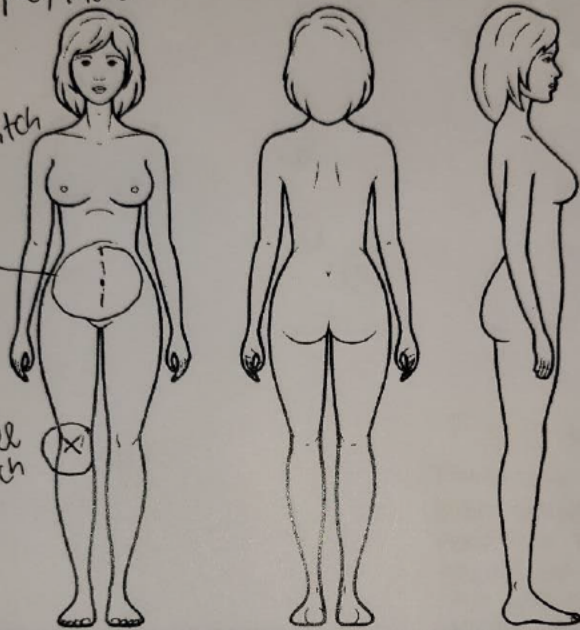
Body Check

Name: [redacted] Date: 3/10/22

DOB 6/20/1980

A red line scratch  
4in. approx

R. Knee  
scratch



Notes: Client rechecked for any new skin breakdown in the pm shift. Noted red pinpoint scratch to the R knee. No drainage noted. Noted red line scratch approx. 4 inches long. No deep cuts noted. Responsible parties notified. PRN Tylenol (50mg (two 325mg tabs) given PO PRN for pain/fever. Rechecked after an hour and medication was effective. Was taken to Urgent Care NOW for concern for tooth abscess. Tooth abscess confirmed by medical

Staff Signature: professional at Urgent Care and client date: is started on ABX x 7 days for infection. Will continue to monitor. Needs anticipated. Will follow up with dental ASAP.

[redacted] LVN

3/10/22

## NOC Activity & Behavior Tracking Log

Date: 3-14-22

Time	Activity	Disrobing (Frequency)	Self- Injurious Behavior (Frequency)	Inappropriate Touching (Frequency)	Aggression (Frequency) Document who aggression is toward: Staff or Peer	FCT (Frequency) Document when Katrina uses sign language.	Sustained Attention (Frequency) Document every minute that Katrina engages in an activity	RBT Initials
10:00-11:00pm	was still up walking around gang outside Hitting her head	∅		∅	∅	∅	∅	TH
11:00-012:00am	want to go on a walk kide she is getting talking with STAFF	∅		∅			∅	TH
12:00-01:00am	finally went to bed was giving a P.N.	—	—	—	—	—	—	TH
01:00-02:00am	none	—	—	—	—	—	—	TH
02:00-03:00am	none	—	—	—	—	—	—	TH
03:00-04:00am	used bathroom none	—	—	—	—	—	—	TH
04:00-05:00pm	none	—	—	—	—	—	—	TH
05:00-06:00m	up and watching Becky			1			∅	TH

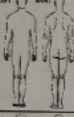





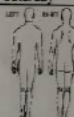




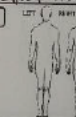







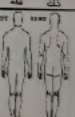





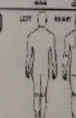





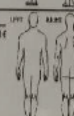
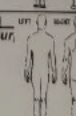

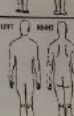
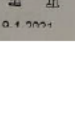
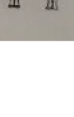
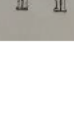

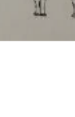

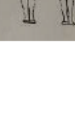
























































**Disrobing:** Tally every time Katrina takes off an article of clothing; do not document when she is redirected before the clothes are off her body.  
**Self-injurious Behavior:** Tally every time Katrina is successful in hitting her head against anything, dropping herself to the floor, and/or scratching or biting herself.  
**Inappropriate Touching:** Tally every time Katrina touches herself inappropriately while in a common area (this is fine when she is in the bathroom or in her room); do not count scratching.  
**Aggression:** Tally every time Katrina leaves is successful in biting and/or hitting someone else.  
**Sustained Attention:** Tally every minute that Katrina engages in a leisure activity (watching a movie, arts and crafts, etc.)

# REM/CA Mentor Body Check Log

Individual Name: [REDACTED]

2022  
Year 2022

Shift AM  
Shift PM

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input checked="" type="checkbox"/> 	<input type="checkbox"/> 	<input checked="" type="checkbox"/> 
<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
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REM/CA Mentor  
Daily Check Log

Individual Name: [Redacted]  
Month: February

Year: 2022

Shift AM

Shift PM

AM shift

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> [Diagram] [Diagram]	<input type="checkbox"/> [Diagram] [Diagram]	<input type="checkbox"/> [Diagram] [Diagram]	<input type="checkbox"/> [Diagram] [Diagram]	<input type="checkbox"/> [Diagram] [Diagram]	<input type="checkbox"/> [Diagram] [Diagram] <i>bus stop</i>	<input type="checkbox"/> [Diagram] [Diagram] <i>bus stop</i>
<input checked="" type="checkbox"/> [Diagram] [Diagram] <i>10:15 AM</i>	<input type="checkbox"/> [Diagram] [Diagram]	<input type="checkbox"/> [Diagram] [Diagram]	<input type="checkbox"/> [Diagram] [Diagram]	<input type="checkbox"/> [Diagram] [Diagram]	<input type="checkbox"/> [Diagram] [Diagram]	<input type="checkbox"/> [Diagram] [Diagram]
<input type="checkbox"/> [Diagram] [Diagram]	<input type="checkbox"/> [Diagram] [Diagram]	<input type="checkbox"/> [Diagram] [Diagram]	<input type="checkbox"/> [Diagram] [Diagram]	<input type="checkbox"/> [Diagram] [Diagram]	<input type="checkbox"/> [Diagram] [Diagram]	<input type="checkbox"/> [Diagram] [Diagram]
<input type="checkbox"/> [Diagram] [Diagram]	<input type="checkbox"/> [Diagram] [Diagram]	<input type="checkbox"/> [Diagram] [Diagram]	<input type="checkbox"/> [Diagram] [Diagram]	<input type="checkbox"/> [Diagram] [Diagram]	<input type="checkbox"/> [Diagram] [Diagram]	<input type="checkbox"/> [Diagram] [Diagram]
<input type="checkbox"/> [Diagram] [Diagram]	<input type="checkbox"/> [Diagram] [Diagram] <i>Dr.</i>	<input type="checkbox"/> [Diagram] [Diagram] <i>or of the</i>	<input type="checkbox"/> [Diagram] [Diagram] <i>st of the</i>	<input type="checkbox"/> [Diagram] [Diagram] <i>P Pur,</i>	<input type="checkbox"/> [Diagram] [Diagram] <i>Green,</i>	<input type="checkbox"/> [Diagram] [Diagram]

*bus stop 3 in and 2 in scratch*









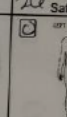



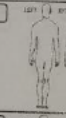

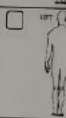
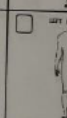




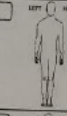

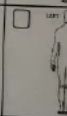




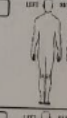

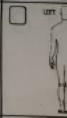




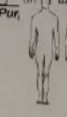
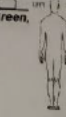
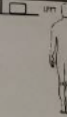
REM/Caregiver  
Body Check Log

Month February

Year 2022

Shift AM

Shift PM

Sunday	Monday	Tuesday	Wednesday	Thursday <u>21<sup>st</sup></u>	Friday	<u>26<sup>th</sup></u> Saturday
<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input checked="" type="checkbox"/> 	<input type="checkbox"/> 	<input checked="" type="checkbox"/> 
<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
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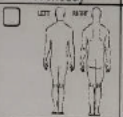
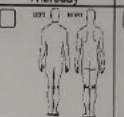
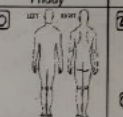
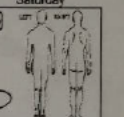
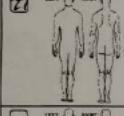



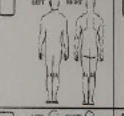

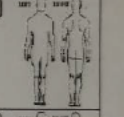
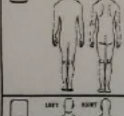
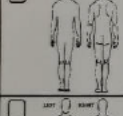

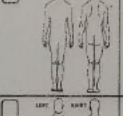
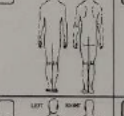

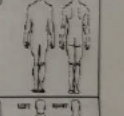
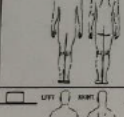
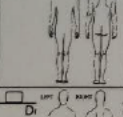
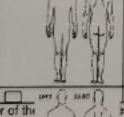
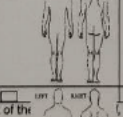
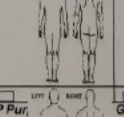

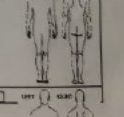
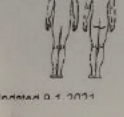






Updated 9-1-2021

REM/CA Mentor  
Body Check Log

Individual Name  
Month February

Year 2022

Shift AM  
Shift PM

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input checked="" type="checkbox"/> 24th 	<input checked="" type="checkbox"/> 25th 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 24th 	<input checked="" type="checkbox"/> 25th 	<input checked="" type="checkbox"/> 26th 
<input checked="" type="checkbox"/> 27th 	<input checked="" type="checkbox"/> 28th 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
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<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 

REM/CA Mentor  
Body Check Log

MARCH 2022

Individual Name  
Month

March

Year

2022

Shift AM

Shift PM

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		① No new marks	② No new skin swell hand	③ No new marks	④ No new marks	⑤ No new marks
⑥ NO NEW MARKS	⑦ NO NEW MARKS	⑧ NO NEW MARKS	⑨ Circles around neck and scrub	⑩ No new marks	⑪ red line in here	⑫ NO NEW MARKS
⑬ NO NEW MARKS	⑭ NO NEW MARKS	⑮ No new marks	⑯ No new marks	⑰ NO NEW MARKS	⑱ No new marks	⑲ No new marks
⑳ Some bruises	㉑ Some 15 year time	㉒ No new marks	㉓ No new marks	㉔ No new marks	㉕ NO NEW MARKS	㉖ no new marks found
㉗ NO NEW MARKS	㉘ NO NEW MARKS	㉙ or of this	㉚ if of this	㉛ P Pin	㉜ Green	㉝ No new marks

Moving to PM paper  
 Focusing on PM paper

REM/CA Mentor  
Body Check Log

Individual Name  
Month March

Year 2022

Shift AM  
Shift PM

NO NEW MARKS

Handwritten on PM; wrote on wrong paper -

16th DONT KNOW WHO WROTE THAT. ON 3.16.22 NOC

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

REM/CA Mentor  
Red Cross

MARCH 2022

Individual Name  
Month MARCH

Shift AM

Year 2022

Shift PM

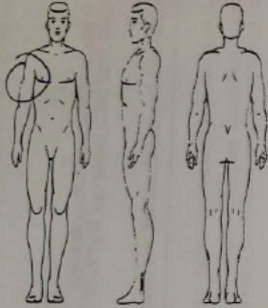
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 NO NEW MARKS	2 NO NEW MARKS	3 N/A NO NEW SKIN ISSUES FOUND	4 NO NEW SKIN ISSUES FOUND	5 NO NEW SKIN ISSUES FOUND	6 Purse on upper left buttocks	7 Bruise on LA
8 NO NEW MARKS	9 NO NEW MARKS	10 NO NEW MARKS	11 CUTS NO NEW MARKS	12 red line on face scratch	13 red line on upper left buttocks scratch on R knee	14 NO NEW MARKS
15 NO NEW MARKS	16 NO NEW MARKS	17 NO NEW MARKS	18 See next page	19 NO NEW MARKS	20 NO NEW MARKS	21 NO NEW MARKS
22 NO NEW MARKS	23 NO NEW MARKS	24 NO NEW MARKS	25 NO NEW MARKS	26 NO NEW MARKS	27 NO NEW MARKS	28 NO NEW MARKS
29 NO NEW MARKS	30 NO NEW MARKS	31 NO NEW MARKS	NO NEW MARKS	NO NEW MARKS	NO NEW MARKS	NO NEW MARKS



**MORNING**

Body Check

Name: [Redacted] Date: \_\_\_\_\_



Notes: During [Redacted] shower staff  
noticed [Redacted] use locate on  
upper left arm

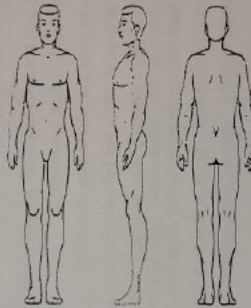
Staff Signature: [Redacted] Date: \_\_\_\_\_



**EVENING**

Body Check

Name: \_\_\_\_\_ Date: \_\_\_\_\_



Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

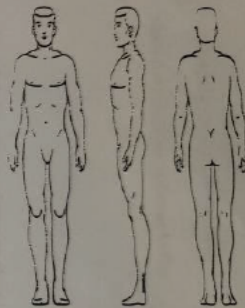
Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**BEDTIME**

Body Check

Name: \_\_\_\_\_ Date: \_\_\_\_\_



Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_